

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

34946

1. PLACE OF DEATH

County _____ Registration District No. 781
 Township _____ Primary Registration District No. 1010
 City St. Louis, Mo. (No. 1) Marion Home of Mo.

File No. _____
 Registered No. 9127
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5851 Delmar St., 12 Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 29 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown Widow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13-1846
 7. AGE YEARS 87 MONTHS 9 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Bethany (STATE OR COUNTRY) Mo.13. NAME William R. Allen14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.15. MAIDEN NAME Nancy Tucker16. BIRTHPLACE (CITY OR TOWN) South Carolina (STATE OR COUNTRY) South Carolina17. INFORMANT Mrs. Hilbert H. Hager (ADDRESS) 5351 Delmar City

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethany DATE Oct 23 193319. UNDERTAKER Alvin Under & Sons (ADDRESS) 6175 Delmar20. FILED Oct 23 1933 J. H. Bredeck Registrar

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22 193322. I HEREBY CERTIFY, That I attended deceased from Dec 30 1929, to Oct 22 1933I last saw h. alive on Oct 22 1933 Death is saidto have occurred on the date stated above, at 11:52 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 2 yrs9361102936Other contributory causes of importance: Perilous 1 yr

Name of operation _____ Date of _____

What test confirmed diagnosis? Physic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Polon Cannon M. D.(Address) 502 N. Grand Blvd.

